Form Approved OMB No. 3206-0219

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

| job | | | | | | | | | | | |
|-----|--|---|--|------------------------|-----------------------------------|--|--|--|--|--|--|
| 1 | Job title in announcement | | 2 Grade(s) applying fo | or 3 | Announcement Number | | | | | | |
| 4 | Last Name | First an | d middle names | 5 | Social Security Number | | | | | | |
| 6 | Mailing Address | 7 | Phone numbers (include area code Daytime * | | | | | | | | |
| | City | State | Zip Code | | , | | | | | | |
| | * * | | * | | Evening * | | | | | | |
| wc | ORK EXPERIENCE | <u>-</u> | | - | | | | | | | |
| 8 | Describe your paid and nonpaid exp | perience related t | o the job for which you are | applying. Do no | t attach job descriptions. | | | | | | |
| 1) | Job title (if Federal, include series and grade) * | | | | | | | | | | |
| | From (MM/YY) TO(MM | TO(MM/YY) | | Per * | Hours per week | | | | | | |
| | | | \$ * | | Curariaara nama and nhana numbar | | | | | | |
| | Employer's name and address | | | | Supervisors name and phone number | | | | | | |
| | * | | | | * | | | | | | |
| | - I C I I I | | | | | | | | | | |
| | Describe your duties and accomplis | nments | | | | | | | | | |
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| 2) | Job Title (if Federal, include series | Job Title (if Federal, include series and grade | | | | | | | | | |
| _, | * | | | | | | | | | | |
| | From (MM/YY) | TO (MM/YY) | Salary | per | Hours per week | | | | | | |
| | * | * | \$* | * | * | | | | | | |
| | Employer's name and address | 1 | | Quinz | ervisor's name and phone number | | | | | | |
| | * | | | supe * | ervisor s riame and prione number | | | | | | |
| | * | | | ^ * | | | | | | | |
| | | | | | | | | | | | |
| | Describe your duties and accomplis | hments | | | | | | | | | |

50612-101

| | May we contact your curre | · | | | | | | | | |
|------------|---|-------------|---------------|----------------------|--------------------------------|---------------------|-----------|-----------------------|--------------------|--|
| 9 FD | YES[*] UCATION | NO[*]. | If we r | need to conta | act your cu | rrent supervisor be | fore mak | ing an offer, we will | contact you first. | |
| 10 | Mark highest level comp Last high school (hs) or | | | HS/GED _[| | | Bachelo | | | |
| <u> </u> | * | <u> </u> | | • | , | , , | , , | · | | |
| 12 | Colleges and universitie | s attended. | Do not attach | a copy of ou | r transcript | unless requested. | | | | |
| 1) | Name | | | Total Credits Earned | | | Marianta | | Degree - Year | |
| | * | | | Semester | Quarter | Major(s) | | (1 | (if any) Received | |
| | City | State | Zip Code | | | | | | | |
| | * | 1 | | | | | | | | |
| 2) | * | | | | | | | | | |
| ۷) | | | 1 | | 1 | | | | | |
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| 3) | * | | | | | | | | | |
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| о т | HER QUALIFICATION | L L | | | | | | | | |
| | speaking, and perfo | rmance av | vards). Giv | e dates, b | out do no | t send documer | nts unle | ess requested. | | |
| | NEDAL | | | | | | | | | |
| GE | NERAL | | | | | _ | | | | |
| 14 | Are you a U.S. citizen? | | YE[*] | | O[*]• | Give the country of | • | · | | |
| 14 | Are you a U.S. citizen? Do you claim veterans' p | | NO[*] | YE | S[*]. | Mark your claim o | f 5 or 10 | points below | | |
| 14 | Are you a U.S. citizen? | | | YE | S [*] . ts [*] At | Mark your claim o | f 5 or 10 | · | erence (SF 15) and | |

18 APPLICANT CERTIFICATION

YES [*].

NO [*]

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

If requested, attach SF 50 proof